

Louisiana Department of Health and Hospitals  
Office of Public Health

Sound Start  
Early Hearing Detection and Intervention Program

**FOLLOW-UP SERVICES REPORT  
INSTRUCTIONS FOR USE**

**Purpose**

This Follow-up Services Report is to be used to add information to the current state database about the results of hearing testing conducted AFTER an infant is discharged from the hospital. It is also to be used to update the state information on the number of children identified with a hearing loss and when they are fitted with amplification. This data will help to better ensure that no child is lost to follow-up and that all children receive the important services they need. All Audiologists should be using this form by January 1, 2004.

**Report on all children whose birthdate is January 1, 1999 or later:**

- Results on all children receiving a follow-up rescreening or diagnostic test after failing hospital newborn hearing screening. Report results even if the child has auditory responses within normal limits.
- Results on a child with suspected or confirmed hearing loss.
- Results on a child being fitted with hearing aids.
- Results on a child being monitored for risk factors for progressive hearing loss- once again report even if the hearing results are within normal limits.
- A child who was scheduled for follow-up from newborn screening or for hearing aid fitting but **missed multiple scheduled appointments and has now been lost to follow-up.**

**Identifying Information**

The identifying information should be fully completed at the top of the form. In order to link this data with the data already in the Sound Start database, the child's full name, birth date, and mother's maiden name are essential and should match those on the child's birth certificate. Please enter your contact information as well as the child's hospital of birth.

**Current Appointment**

Enter the date you saw the patient, and whether this is an initial appointment or a follow-up either from newborn screening or other outside referral. Enter whether testing consisted of screening or diagnostic evaluation. If a child is lost to follow-up, please state the reason.

## Follow-up Services Form Instructions, continued

### **Risk Factors**

If a child has identified risk factors for hearing loss, a hearing test every six months is recommended. Please check the risk factors that have been identified.

### **Results**

Check the correct test results for this child and which tests were utilized. **IF THE CHILD PASSES BOTH EARS, THEN STOP HERE.**

If a child has a suspected or confirmed hearing loss, fill out the type and degree of loss. If a loss is detected but type cannot be determined, circle “unknown type at this time”. If the hearing loss crosses two categories, the most severe of the two should be used or the category that crosses the most frequencies. Do not mark two degrees of hearing loss for the same ear. It is understood that test results in infants and young children will not be exact or frequency specific at times. Please give your best estimate based on current results. If test results are inconclusive, leave this section blank.

### **Referrals**

Please list the child’s primary care provider’s name and city. Indicate all referrals that have been made in appropriate boxes.

### **Confidentiality**

All information included in this form is strictly confidential and will not be released outside the Office of Public Health without the parent’s written consent.

Please fax or mail the forms within 2 weeks of testing to:

**Hearing, Speech, and Vision Program**

**325 Loyola Ave, Room 605**

**New Orleans, LA 70112**

**Fax number: ( 504) 568-5854**